

Henry Wilds
E-55595/BW-113-L
P.O. Box 689
Soledad, Ca 93960-0689

E-filing

FILED

In-Pro-Se

JUL 11 2008

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION

HENRY WILDS.,
plaintiff,

v.

DONALD GINES, NARAYANSWAMY DAYALAN,
TIMOTHY W. FRIEDERICHS, QUAN DINH,
INDERJIT GREWAL, CHRIS HILLEARY
defendants.,

CV No. 08

3348

COMPLAINT UNDER THE CIVIL

RIGHTS ACT, TITLE 42 U.S.C.

1983

JURY TRIAL DEMANDED

INTRODUCTION

This is an action pursuant to the Civil Rights Act of 1871, Title 42 U.S.C. §1983, seeking redress for the deprivation of the plaintiff's Federal Constitutional rights, as provided by the EIGHTH AMENDMENT of the CONSTITUTION OF THE UNITED STATES OF AMERICA. Also emerging out of the common nucleus of operative facts are the torts of Negligence/Malpractice pursuant to the laws of the State of California. Venue is proper in the Northern District of California.

JURISDICTION

1. The United States District Court for the Northern District of California has lawful jurisdiction of the plaintiff's Federal Constitutional claim pursuant to Title 28 U.S.C. §1331 and 1343,

1 and Title 42 U.S.C. §1983. This Honorable Court also has supple-
 2 mental jurisdiction as to the plaintiff's California tort claims
 3 pursuant to 28 U.S.C. §1367. The plaintiff seeks monetary damages
 4 as well as attorney fees pursuant to Title 42 U.S.C. §1988.

5 EXHAUSTION OF ADMINISTRATIVE REMEDIES

6 2. The plaintiff is currently serving a term of imprisonment
 7 under the custody and care of the California Department of Cor--
 8 rections and Rehabilitation, currently housed at the Correct-
 9 ional Training Facility, (CTF), located in Soledad, California,
 10 during relevant events referenced herein, commencing on September
 11 23, 1998. Within the CTF exists an Administrative Appeal process,
 12 which consists of the following four (4) levels:

- | | |
|----------------------|---|
| 13 1. Informal Level | 2. First Level |
| 14 3. second Level | 4. Director's level
(which exhausts) |

15 3. Commencing January 2, 2008 the plaintiff did in fact propound
 16 the deliberate indifference to his serious medical needs through
 17 the CTF Administrative Appeal process. The CTF appeals coordin-
 18 ator upon receiving the plaintiff's Administrative Appeal, app-
 19 lied the log number of CTF-S-08-00041. The CTF appeals coordin-
 20 ator further voluntarily elected to bypass the informal level.
 21 The "First Level" response was provided to the plaintiff on
 22 January 24, 2008, within which a routine Neurosurgeon consult was
 23 ordered. The "First Level" response further informed the plain-
 24 tiff that the waiting period for the Neuro-consult would be 30-
 25 90 days. Completely unsatisfied, the plaintiff resubmitted the
 26 Administrative Appeal for "Second Level" review. The "Second
 27 Level" response was provided to the plaintiff on February 22,
 28

1 2008, within which the "First Level" response was simply reit-
2 erated. The plaintiff unsatisfied, and complying with the admini-
3 strative appeal process of the California Department of Correct-
4 ions and Rehabilitation forwarded the administrative appeal to
5 the final level, the director's level. On May 26, 2008 the plain-
6 tiff received the directors level response, thereby exhausting all
7 administrative remedies available within the California Depart-
8 ment of Corrections and Rehabilitation.

9 PARTIES

10 4. The plaintiff Henry Wilds was incarcerated within the Corr-
11 ectional Training Facility, CTF, located in Soledad, California
12 commencing on September 23, 1998 through to the present.

13 5. Defendant(s) Donald Gines, Narayanswamy Dayalan, Timothy
14 Friederichs, Quan Dinh, and Inderjit Grewal are or were Physic-
15 ians/Surgeons employed by the California Department of Correct-
16 ions and Rehabilitation, (CDCR), assigned to the Correctional
17 Training Facility, (CTF), located in Soledad, California during
18 relevant events described herein.

19 6. Defendant Chris Hilleary, is the CTF-MD's-Pharmacist-In-Charge
20 (PIC), charged with the duty of insuring that the CTF pharmacy's
21 policies and procedures reflect the current standards of medi-
22 cation prescription filling & distribution as enacted by Federal
23 law, California law, and the CDCR Health Care Services Division
24 are adhered to.

25 DEFINITION OF FORMS UTILIZED BY THE 26 CALIFORNIA DEPARTMENT OF CORRECTIONS 27 AND REHABILITATION 28

1 7. The Correctional Training Facility (CTF), Medical Department
2 documents it's actions on the following California Department
3 of Corrections and Rehabilitation (CDCR) forms:

4 8. A "CDCR 7230" utilized for Physicians, diagnosis, examinations,
5 observations, and/or any other relevant patient information.

6 9. A "CDCR 7243" utilized for Physicians to request specific
7 medical services which are unavailable within CTF that a patient
8 /prisoners medical condition may require. The 7243 is then
9 directed to the Utilization Management Committee for approval
10 and periodic review. Physicians have the option to direct the
11 7243 as an emergency, urgent, or routine.

12 10. A "CDCR 128-C" utilized for Physicians to document any
13 physical limitations a patient/prisoners medical condition may
14 impose.

15 11. A "CDCR 7254" utilized for Physicians diagnoses, examination
16 observations, and/or any other relevant patient/prisoner infor-
17 mation.

18 12. A "CDCR 7221" utilized for actual Physicians orders follow-
19 ing his/her examination of a patient/prisoner.

20 13. A CDCR 7263" utilized by patient/prisoners to request medi-
21 cal attention.

22 14. A "CDCR 602" utilized by prisoners to Administratively
23 Appeal any adverse action/decision which affects them.

24 CAUSE IN FACT

25 15. On March 11, 1986 the plaintiff reported to the medical
26 department at the Deuel Vocational Institution (DVI) complaining
27 of pain in the lower back.

28 16. On march 11, 1986 the plaintiff is medically examined by

Deuel Vocational Institution (DVI), Physician Doctor Ruangwit.

17. On March 11, 1986 following his medical examination of the plaintiff DVI, Physician Doctor Ruangwit ordered that the plaintiffs Lumbar spine be x-rayed. Doctor Ruangwit further noted that the plaintiff's pain is going down left (L) buttock and leg, with some numbness. (Exhibit # 1 Upper-Half)

18. On April 1, 1986 Orthopedic Surgeon Doctor Tucker Barth examined the plaintiff.

19. On April 1, 1986 subsequent to his examination of the plaintiff Orthopedic Surgeon Doctor Tucker Barth concluded that the plaintiff has "Obvious muscle spasm". In light of this medical diagnoses Doctor Barth noted, "I don't think any further treatment is indicated other than perhaps five-days worth of Motrin." (Exhibit # 1 Lower Half)

20. On April 22, 1987 the plaintiff arrived at the California Institution for Men (CIM).

21. On April 24, 1987 the plaintiff was medically examined by California Institution for Men (CIM) Physician Doctor Meyer.

22. On April 24 1987 CIM Physician Doctor Meyer subsequent to his medical examination of the plaintiff ordered that the plaintiffs Thoracic/Lumbar spine be X-Rayed to rule out Scoliosis. (Exhibit #2)

23. On April 24, 1987 following the previously ordered X-Rays CIM Radiologist J.P. Warren documented that the plaintiff was indeed "Negative" for Scoliosis. (Exhibit # 2)

24. On April 24, 1987 Subsequent to his perusal of the Radiology report of Radiologist J.P. Warren, CIM Physician Doctor Meyer ordered as treatment that the plaintiff be administered

1 Motrin and Robaxin for a period of seven-days for lower back
2 pain. CIM Doctor Meyer further ordered the plaintiff to perform
3 some very specific lower back exercises. (Exhibit # 3)

4 25. During the years between mid 1987 up to and including Jan-
5 uary 1990 the plaintiff was simply prescribed with general over
6 the counter pain medications for his lower back pain.

7 26. In 1990 the plaintiff arrived at Corcoran State Prison.

8 27. Following numerous complaints the plaintiff was informed by
9 medical staff at Corcoran state prison that they did not have
10 his medical chart. (Exhibit #4)

11 28. On January 4, 1992 the plaintiff arrived at the California
12 State prison Sacramento(CSP-Sac) Folsom.

13 29. On Jaunuary 4, 1992 the plaintiff was initially medically
14 cleared for full duty (FD),and full health (FH) by medical
15 Technical Assistant (MTA) D.Johnson.(Exhibit #5)

16 30. On March 16,1992 the plaintiff was summoned to the CSP-Fol-
17 som medical department.

18 31. Upon arrival at the CSP-Folsom medical department the plain-
19 tiff was medically examined by a CSP-Folsom physician.

20 32. Subsequent to an extinsive medical examination by a CSP-
21 Folsom Physician,the plaintiff was prescribed 400mg Motrin,
22 500mg Robaxin,a complete blood count (CBC) and a Urinalysis (UA)
23 (Exhibit #5)

24 33. The CSP-Folsom Physician further ordered that the plaintiff
25 be issued a CDCR 128-C (Chrono)documenting the plaintiff's lower
26 back syndrome and the need for a lower bunk.(Exhibit # 5)

27 34. On September 13,1993 the plaintiff arrived at the California
28 State Prison-Lancaster (CSP-LAC).

1 35. Upon the plaintiffs arrival at CSP-LAC the intake medical
2 technical assistant (MTA) noted the plaintiffs Scoliosis, the
3 plaintiff's need for a lower bunk/lower tier CDCR-128-C (Chrono)
4 and the fact that the plaintiff was currently proscribed Motrin
5 and Robaxin due to lower back pain. (exhibit #6)

6 36. On May 19, 1994 a CSP-LAC Physician re-prescribed the plain-
7 tiff 400mg Motrin and 500mg Robaxin as treatment for the plain-
8 tiff's lower back syndrom. (Exhibit # 7)

9 37. The CSP-LAC Physician further ordered that the plaintiff's
10 lumbar spine X-rays be repeated. (Exhibit #7)

11 38. On June 14, 1994 a CSP-LAC Physician ordered the plaintiff
12 be issued a extended CDCR-128-C (chrono), which documented that
13 the plaintiff is on medically prescribed "Light-Duty" status
14 and further documented that the plaintiff is not to lift over
15 25 Lbs, no climbing, and no long periods of standing. (Exhibit #7)

16 39. On October 31, 1994 the plaintiff again informed the CSP-LAC
17 medical department that he is experiencing pain and tightness in
18 his lower back.

19 40. On October 31, 1994 the plaintiff is medically examined by
20 a CSP-LAC Physician.

21 41. Subsequent to the medical examination of the plaintiff by
22 a CSP-LAC Physician, the plaintiff's prescribed Motrin dosage is
23 increased from 400mg to 600mg, and the plaintiff's prescribed
24 Robaxin dosage is increased from 500mg to 750mg. (Exhibit #8)

25 42. On September 21, 1998 the plaintiff arrived at the Correct-
26 ional Traning Facility (CTF), located in Soledad California.

27 43. Upon arrival at CTF the plaintiff informed the intake med-
28 ical staff of his serious lower back pain. The CTF medical staff

1 advised the plaintiff that a appointment with a CTF Physician
2 will be made immediately.

3 44. On November 23, 1998 the plaintiff is summoned to report
4 to the CTF-medical department.

5 45. Upon arrival to the CTF-medical department on November 23,
6 1998 the plaintiff is medically examined by CTF Physician
7 **Inderjit Grewal**.

8 46. CTF Physician/Surgeon **Inderjit Grewal** documented the plain-
9 tiff's serious medical condition on a CDCR 7254, (exhibit #9 1 of
10 2) Doctor Grewal further documented on a CDCR 7221 that due to
11 the plaintiffs "Back-pain" he is to be housed in a lower bunk,
12 lower tier for a period of 30 days. (Exhibit # 9 2 of 2)

13 47. On March 11, 1999 the plaintiff was summoned to report to
14 the CTF medical department.

15 48. Upon arrival to the CTF medical department the plaintiff is
16 medically examined by CTF Physician/Surgeon Doctor Donald Gines.

17 49. Subsequent to the medical examination of the plaintiff by
18 CTF Physician/Surgeon Doctor Donald Gines, Doctor Gines documen-
19 ted on a CDCR 7230: Lumbar disc disease L4 W/-scoliosis, Doctor
20 Gines further ordered that the plaintiff be housed in a lower
21 bunk on the first tier. (Exhibit # 10)

22 50. CTF Physician/Surgeon Donald Gines documented on a CDCR-128-
23 C that : "Due to a medical condition (Lumbar Disc Disease) should
24 be housed in a lower bunk and first tier." Doctor Gines ordered
25 the plaintiff to be housed in this manner for an indefinite
26 duration. (Exhibit # 11)

27 51. On August 19, 1999 the plaintiff is summoned to report to
28 the CTF medical department.

1 52. On August 19, 1999 the plaintiff was medically examined by CTF
2 Physician/Surgeon Donald Gines, whereupon his diagnosis was doc-
3 umented on a CDCR 7230, as "Chronic low back pain w/lumbar dis-
4 ease w/scolosis." (exhibit # 12)

5 53. Doctor Gines further renewed the plaintiff's CDCR 128-C, which
6 declared that the plaintiff is: "To stay at lower bunk status."
7 (Exhibit # 12)

8 54. On September 2, 1999 the plaintiff was medically examined by
9 CTF Physician/Surgeon Narayanswamy Dayalan, whereupon his diagno-
10 sis was documented on a CDCR 7230 as, "Cholesterol 238 Dwn 11",
11 and "Instructions regarding diet and exercise given." (Exh. #12)

12 55. On April 21, 2002 the plaintiff was medically examined by CTF
13 Physician/Surgeon Quan Dinh, whereupon his diagnosis was documen-
14 ted on a CDCR 7230, that the plaintiff's Ventral Hernia, "Is now
15 stable", and to avoid standing, (Exhibit # 13 1 of 4). Doctor Dinh
16 further ordered that the plaintiff be provided with "Abdominal
17 Truss-Large" (Exhibit # 13 3 of 4)

18 56. On May 6, 2002 the plaintiff is summoned to the CTF-Med. Dpt.

19 57. On May 6, 2002 upon reporting to the CTF-MD, the plaintiff is
20 medically examined by CTF Physician/Surgeon Timothy W. Frieder-
21 ichs.

22 58. Subsequent to CTF Physician/Surgeon, Doctor Timothy Friederichs
23 medical examination of the plaintiff, he documented his diagnosis
24 on a CDCR 7230, which declared, that the plaintiff was indeed suf-
25 fering from Sciatica in the lower right extremity. (Exh. #13 1 of 4)
26 Doctor Friederichs further prescribed as treatment "Back Exer-
27 cises." (Exhibit # 13 3 of 4 & 4 of 4)

28 59. CTF Physician/Surgeon Doctor Friederichs further documented

1 on a CDCR 7230 that it is probable that the plaintiff is suff-
2 ering from Degenerative Disc Disease (DDD),lumbar spine W/
3 Radioulopathy rt LE (right lower extremity)(Exhibit # 13 3 of 4)
4 60. On May 14, 2002 CTF Radiologist Nelson H. Parker prepared
5 a X-ray report,within which he documented that the plaintiff
6 is in fact suffering from Degenerative Disc Disease (DDD).(Ex-
7 hibit # 14)

8 61. On May 21, 2002 CTF Physician/Surgeon Timothy W.Friederichs
9 acknowledges by affixing his signature that he did in fact
10 read CTF Radiologist Nelson H. Parker's X-ray report,(Exhibit
11 # 14)

12 62. On August 15,2007 Salinas Vally Radiologist INC.prepared a
13 Radiology report directed to CTF Physician/Surgeon Narayanswamy
14 Dayalan.Salinas Valley Radiologist INC.Radiologist Doctor Y-Lan
15 Nghiem-Ho documented that the plaintiff is indeed suffering
16 from Degenerative Disc Disease at L4/5 and L5-S1.(Exhibit # 15
17 1 of 2)

18 63. Salinas Valley Radiologist INC,further documented in their
19 August 15, 2007 report that the plaintiff's serious medical
20 condition has worsened slightly than seen on prior study.
21 (Exhibit # 15 1 of 2)

22 64. On September 18, 2007 the plaintiff is summoned to the CTF
23 medical department.

24 65. On September 18, 2007 upon arrival at the CTF medical de-
25 partment the plaintiff is medically examined by CTF Physician/
26 Surgeon Doctor Lee. (Exhibit # 16)

27 66. On September 18, 2007 CTF Physician/Surgeon Doctor Lee
28 submitted a CDCR 7243,upon which he requested that a M.R.I.

1 be performed on the plaintiff on a routine basis.(exhibit # 17)
2 CTF Physician/Surgeon Doctor Lee further documented on a
3 CDCR 7230 that the plaintiff's serious medical condition of
4 Degenerative Disc Disease (DDD) is "worse than before".(Exhibit
5 # 16)

6 67. On November 5, 2007 a M.R.I. was in fact performed on the
7 plaintiff.

8 68. On November 15,2007 the film from the plaintiff's November
9 5, 2007 M.R.I. were submitted to Salinas Valley Radiologist INC
10 for interpretation.

11 69. On November 15, 2007 Salinas Valley Radiologist INC,Radio-
12 logist Doctor Arthur M. Nathanson prepared a report directed to
13 the CTF medical department,wherein he documented his professio-
14 nal diagnoses of the plaintiff's serious medical condition.

15 70. Salinas Valley Radiologist INC,Radiologist Doctor Authur
16 M.Nathansons report declared that the plaintiff is indeed
17 suffering from a slight disc buldging,L4/5 shows virtually
18 complete obliteration of the Central Canal. (Exhibit # 18 1 of 2)

19 71. On December 19, 2007 CTF Physician Physician/Surgeon Doctor
20 Narayanswamy Dayalan submitted a CDCR 7243 wherein he requested
21 that the plaintiff be Neurologically examined.(Exhibit # 19)

22 72. On January 2, 2008 the plaintiff ,frustrated by the contin-
23 ual delay in treating his serious medical needs,filed a CDCR
24 Administrative Appeal.

25 73. On January 24, 2008 the first level of the plaintiff's
26 CDCR Administrative Appeal was responded to by CTF medical
27 departments Registered Nurse (RN),L. Fernandez.
28

1 74. On February 3, 2008 the plaintiff resubmitted his CDCR
2 Administrative Appeal, requesting second level review.

3 75. On February 14, 2008 in response to CTF Physician/surgeon
4 Doctor Narayanswamy Dayalan's December 19, 2007 CDCR 7243, the
5 plaintiff is transported to the office of Neurosurgeon Donald
6 Ramberg.

7 76. On February 22, 2008 the Second level of the plaintiff's
8 Administrative Appeal was responded to by Joseph Chudy, CMO-CTF.

9 77. On February 25, 2008 the plaintiff unsatisfied with the
10 second level response forwarded his Administrative Appeal, log
11 number CTF-S-08-00041 to the Director level for review.

12 78. On April 28, 2008 the plaintiff was transported to the
13 Sierra Vista Medical Center, Located in San Luis Obispo, Califor-
14 nia, where Neurosurgeon Donald Ramberg performed "Lumbar Fusion"
15 Neurological Surgery on the plaintiff. (Exhibit# 20 1 of 2, 2 of 2)

16 79. On May 6, 2008 the plaintiff was transported back to the
17 Correctional Training Facility, CTF, located in Soledad, California
18 for necessary after care.

19 80. On May 6, 2008 upon returning to the Correctional Training
20 Facility, (CTF), the transporting Correctional Officers placed
21 the plaintiff in a wheel-chair and proceeded, (per protocol) to
22 the CTF-MD's Emergency Treatment Area, (ETA) to insure the plain-
23 tiff receives continuity of care proportional to that of Sierra
24 Vista Medical Center.

25 81. On May 6, 2008 upon arriving at the CTF-ETA, the transporting
26 Correctional Officers provided the ETA Registered Nurse with
27 Sierra Vista Medical Center's, "Discharge Prescription Orders",
28 signed by Neurological Surgeon Donald Ramberg, Which documented

1 the plaintiff is to be administered 800 mg.Motrin for pain.(See
2 Exhibit # 21)

3 82. On May 6,2008 the ETA-RN,subsequent to examining Sierra
4 Vista Medical Center,"Discharge Prescription Orders",contacted
5 CTF Physician/Surgeon Inderjit Grewal and advised Doctor Grewal
6 of the "Discharge Prescription Orders".

7 83. On May 6,2008 CTF Physician/Surgeon Inderjit Grewal gave the
8 CTF-ETA Registered Nurse a verbal order (VO) to complete a CDCR
9 7221,documenting the plaintiff is prescribed 800 mg Motrin three
10 times per day as needed.(Exhibit # 22)

11 84. On May 6,2008 the CTF-ETA Registered Nurse transmitted the
12 CDCR 7221 to the CTF pharmacy pursuant to protocol.

13 85. On May 7,2008 the CTF pharmacist in charge (PIC), Chris
14 Hilleary received the CDCR 7221,and thereupon completed the first
15 half of his mandatory duty,i.e.,to fill the prescription of 800
16 mg Motrin.

17 86. On May 7,2008 the CTF pharmacist in charge,(PIC) Chris
18 Hilleary did not insure the plaintiff received the prescribed
19 pain medication of 800 mg Motrin.

20 87. On May 15,2008 after enduring disabling pain for nine days
21 attempted to notify the Nurse while she was making her rounds
22 to check on the newly arrived prisoners,who are confined to
23 their cells,that he was in disabling pain,and needed his May 6,
24 2008 ordered Motrin.

25 88. On May 16,2008 the plaintiff unable to reasonably indepen-
26 dently function walked to the CTF-MD to personally request his
27 May 6,2008 prescribed pain medication.
28

1 89. On May 16,2008 upon arrival at the CTF-MD the plaintiff was
2 instructed to,"get away from the door".

3 90. On May 16,2008 the plaintiff,while struggling to return to
4 his assigned housing unit,was noticed by California Department
5 of Corrections and Rehabilitation,(CDCR), Correctional Lieutenant
6 Benidetti,who after realizing the plaintiff was severely distress-
7 ed,asked,"Are you alright?".

8 91. On May 16,2008 the plaintiff explained to CDCR Lieutenant
9 Benidetti,that he had major invasive Lumbar Surgery ten (10)
10 days ago,and had not received any pain medication at all.

11 92. On May 16,2008 CDCR Lieutenant Benidetti contacted the plain-
12 tiff's housing unit,(B-Wing) and ordered one of the housing unit
13 Correctional Officers,(Baker) to escort the plaintiff to the CTF-
14 MD to secure the plaintiff's pain medication.

15 93. On May 16,2008 while being escorted by CDCR Correctional
16 Officer,(CO) Baker to the CTF-MD the plaintiff unable to proceed
17 requested to sit down in "Y"-Wing. This request was honored. by
18 C/O Baker.

19 94. On May 16,2008 while the plaintiff was attempting to recuper-
20 ate from the struggle of going to the CTF-MD,C/O Baker telephoned
21 ahead to the CTF-MD to assure that upon arrival the plaintiff
22 would in fact be obtaining his May 6,2008 ordered pain medicat-
23 ions.

24 95. On May 16,2008 when CDCR C/O Baker telephoned the CTF-MD and
25 spoke with CTF-MD Nurse Lopez. C/O Baker asked Nurse Lopez if
26 the plaintiff's May 6,2008 ordered pain medications were avail-
27 able. Nurse Lopez informed C/O Baker that Nurse Payne had Checked
28 and the plaintiff had no medications prepared for distribution.

1 96. On May 16, 2008 recognizing the plaintiff was in disabling
2 pain, C/O Baker personally went to the CTF-MD, while the plaintiff
3 remained in "Y"-Wing.

4 97. On May 16, 2008 upon arrival at the CTF-MD C/O Baker convers-
5 ed with CTF-MD registered Nurse Regosa, who stated she would look
6 into the plaintiff's Unit Health Record (UHR).

7 98. On May 16, 2008 after 30-35 minutes CTF-MD Registered Nurse
8 (RN) Regosa telephoned "Y"-Wing and informed the on duty C/O to
9 instruct the plaintiff to report to the CTF-MD at 11:30(am) to
10 retrieve his May 6, 2008 ordered pain medication(s).

11 99. On May 16, 2008 at 11:30(am) the plaintiff reported to the
12 CTF-MD to retrieve his May 6, 2008 ordered pain medication. The
13 plaintiff was informed by the on duty pharmacy technician that
14 no medication was available. The pharmacy technician instructed
15 the plaintiff to wait while he telephoned the ETA-RN.

16 100. On May 16, 2008 the ETA-RN informed the pharmacy technician
17 that the plaintiff's May 6, 2008 ordered pain medication will be
18 "sent-up" shortly, & to instruct the plaintiff to wait.

19 101. On May 16, 2008 the plaintiff after waiting 20-30 minutes
20 was approached by the Pharmacy technician and given a CTF-409
21 (hospital pass) to return to the CTF-MD at 1300 hrs. (Exhibit #24)

22 102. On May 16, 2008 at 1300 hrs the plaintiff reported to the
23 CTF-MD and was medically examined by CTF-MD Physician/Surgeon
24 Narayanswamy Dayalan.

25 103. On May 16, 2008 subsequent to his examination of the plain-
26 tiff, CTF-MD Physician/Surgeon Narayanswamy Dayalan prescribed
27 800mg Motrin, and ordered the plaintiff to be provided with a
28 double mattress. (Exhibit # 25)

1 104. On May 16, 2008 subsequent to CTF-MD Physician/Surgeon
2 Narayanswamy Dayalan's examination the plaintiff was provided
3 with Forty-Two (42) tablets of 800mg Motrin for pain.

4 105. On May 28, 2008 the plaintiff received the Director of the
5 CDCR response to his administrative appeal, thereby exhausting
6 all remedies available within the CDCR. (Exhibit # 26 1of2 and
7 2 of 2)

VIOLATION OF THE PLAINTIFFS
FEDERAL CONSTITUTIONAL RIGHTS

106. The plaintiff hereby incorporate by reference the allegations contained in paragraphs 15 through 105.

107. The actions/conduct of DefendantINDERJIT GREWAL, on 19 November 1998, 23 November 1998, 26 January 2001, 24 June 2003 and 21 February 2008 which Denied and Delayed the plaintiff from receiving constitutionally adequate medical care, as provided by the 8th Amendment of the United States Constitution, constituted Deliberate Indifference to the plaintiffs serious medical needs and further contributed to and proximately caused a violation of the plaintiffs federal constitutional rights as provided by the EIGHTH AMENDMENT OF THE UNITED STATES CONSTITUTION.

108. The actions/conduct of Defendant DONALD GINES, on 11 March 1999 and 19 August 1999 which Denied and delayed the plaintiff from receiving constitutionally adequate medical care, as provided by the 8th Amendment of the United States Constitution, constituted Deliberate Indifference to the plaintiffs serious medical needs and further contributed to and proximately caused a violation of the plaintiffs federal constitutional rights as provided by the EIGHTH AMENDMENT OF THE UNITED STATES CONSTITUTION.

109. The actions/conduct of Defendant TIMOTHY W. FRIEDERICHS ON 6 May 2002 and 21 May 2002 which Denied/Delayed the plaintiff from receiving constitutionally adequate medical care, as provided by the 8th Amendment of the United States Constitution, constituted Deliberate Indifference to the plaintiffs serious medical needs and further contributed to and proximately caused a violation of

1 the plaintiffs federal constitutional rights as provided by the
 2 EIGHTH AMENDMENT OF THE UNITED STATES CONSTITUTION.

3 110. The actions/conduct of Defendant QUAN DINH, on 26 march 2003,
 4 30 September 2002 and 14 June 2004 which Denied/Delayed the
 5 plaintiff from receiving constitutionally adequate medical care,
 6 as provided by the 8th Amendment of the united states constitut-
 7 ion, constituted Deliberate Indifference to the plaintiffs serious
 8 medical needs, and further contributed to and proximately caused
 9 a violation of the plaintiffs federal constitutional rights as
 10 provided by the EIGHTH AMENDMENT OF THE UNITED STATES CONSTITUT-
 11 ION.

12 111. The actions/conduct of Defendant NARAYANSWAMY DAYALAN, on
 13 11 March 1999, 5 August 1999 and 13 August 2007 which Denied/De-
 14 layed the plaintiff from receiving constitutionally adequate
 15 medical care as provided by the 8th Amendment of the united
 16 states constitution, constituted Deliberate Indifference to the
 17 plaintiffs serious medical needs and further contributed to and
 18 proximately caused a violation of the plaintiffs federal consti-
 19 tutional rights as provided by the EIGHTH AMENDMENT OF THE UNITED
 20 STATES CONSTITUTION.

21 22 VIOLATION OF CALIFORNIA LAW

23 112. The plaintiff hereby incorporates by reference the allegat-
 24 ions contained in paragraphs, 15 through 105

25 113. Pursuant to california penal code section 673, "It shall be
 26 unlawful to use in the reformatories, institutions, ...any cruel
 27 corporal or unusual punishment, ...or allow anylack of care
 28 whatever which would injure or impair the health of the prisoner

1 inmate or person confined..."

2 114. Pursuant to California law a allegation of malpractice/neg-
3 ligence can only be proven through the testimony of an expert
4 in the medical field at issue. That expert must attest to the
5 fact that the standard of care of defendant(s) fell below the
6 standard of care physicians and/or surgeons are required to
7 possess in both diagnoses and treatment of human illness which
8 is that reasonable degree of knowledge and skill exercised by
9 reputable physicians practicing according to the applicable
10 legal standard of care.

11 115 Pursuant to California evidence code section 669: DUE CARE;
12 FAILURE TO EXERCISE:

13 A. The failure of a person to exercise due care is presumed if:

14 1. He violated a statute, ordinance or regulation of a public
15 entity;

16 2. The violation proximately caused death or injury to person or
17 property;

18 3. The death or injury resulted from an occurrence of the nature
19 which the statute, ordinance or regulation was designed to pre-
20 vent; and

21 4. The person suffering the death or injury to his person or pro-
22 perty was one of the class of persons for whose protection the
23 statute, ordinance or regulation was adopted.

24 116. The actions/conduct of defendant, INDERJIT GREWAL, on 19 Novem-
25 ber 1998, 23 November 1998, 26 January 2001, 24 June 2003 and 21
26 February 2008 by allowing his standard of medical care to the
27 plaintiffs serious medical needs to fall below the degree of
28 knowledge and skill ordinarily possessed and exercised by mem-

1 bers of their profession in similar circumstances constituted
2 negligence/malpractice pursuant to the laws of the state of cali-
3 fornia.

4 117.The action/conduct of defendant,INDERJIT GREWAL,on 19 No-
5 vember 1998, 23 November 1998, 26 January 2001, 24 June 2003 and
6 21, February 2008 constituted a breach of california penal code
7 section 673 and california department of corrections and re-
8 habilitation health care services division operational pro-
9 cedures which imposes a mandatory duty designed to protect a-
10 gainst the particular injury(s) the plaintiff suffered.

11 118The actions/conduct of defendant,DONALD GINES,11 March 1999
12 and 19 August 1999,by allowing his standard of medical care to
13 the plaintiffs serious medical needs to fall below the degree of
14 knowledge and skill ordinarily possessed and exercised by mem-
15 bers of their profession in similar circumstances constituted
16 negligence/malpractice pursuant to the laws of the state of cali-
17 fornia.

18 119.The actions/conduct of defendant,DONALD GINES,on 11 March
19 1999 and 19 August 1999,constituted a breach of california penal
20 code section 673 and california department of corrections and
21 rehabilitation health care services division operational pro-
22 cedures which imposes a mandatory duty designed to protect a-
23 gainst the particular injury(s) the plaintiff suffered.

24 120.The actions/conduct of defendant,TIMOTHY W.FRIEDERICHs,on 6
25 May 2002 and 21 May 2002 by allowing his standard of medical
26 care to the plaintiffs serious medical needs to fall below the
27 degree of knowledge and skill ordinarily possessed and exercis-
28 ed by members of their profession in similar circumstances con-

1 stituted negligence/malpractice pursuant to the laws of the
2 state of california.

3 121.The actions/conduct of defendant,TIMOTHY W.FRIEDERICHS on 6
4 May 2002 and 21 May 2002 constituted a breach of california penal
5 code section 673 and california department of corrections and
6 rehabilitation health care services division operational pro-
7 cedures which imposes a mandatory duty designed to protect
8 against the particular injury(s) the plaintiff suffered.

9 122.The actions/conduct of defendant,QUAN DINH,on 26 March 2002
10 30 September 2002 and 14 June 2004 by allowing his standard of
11 medical care to the plaintiffs serious medical needs to fall be-
12 low the degree of knowledge and skill ordinarily possessed and
13 exercised by members of their profession in similar circum-
14 stances constituted negligence/malpractice pursuant to the laws
15 of the state of california.

16 123.The actions/conduct of defendant,QUAN DINH,on 26 March 2002
17 30 September 2002 and 14 June 2004 constituted a breach of cali-
18 fornia penal code section 673 and california department of cor-
19 rections and rehabilitation health care services division op-
20 erational procedures.

21 124.The actions/conduct of defendant,NARAYANSWAMY DAYALAN,on 11
22 March 1999, 5 August 1999 and 13 August 2007,by allowing his
23 standard of medical care to the plaintiffs serious medical needs
24 to fall below the degree of knowledge and skill ordinarily pos-
25 sessed and exercised by members of their profession in similar
26 circumstances constituted negligence/malpractice pursuant to the
27 laws of the state of california.

28 125.The actions/conduct of defendant,NARAYANSWAMY DAYALAN,on 11

1 March 1999, 5 August 1999, and 13 August 2007 constituted a breach
2 of California Penal Code § 673 and California Department of Corr-
3 ections and Rehabilitation, Health Care Services Division Operat-
4 ional Procedures which imposes a clearly established duty de-
5 signed to protect against the particular injury(s) the plaintiff
6 suffered.

7 126. The actions/conduct of defendant Chris Hilleary on May 6 & 7,
8 2008 constituted a breach of California Penal Code § 673, and
9 California department of Correction and Rehabilitation, Health
10 Care Services Division, Operational Procedures which imposes a
11 clearly established duty designed to protect against the particu-
12 lar injury(s) the plaintiff suffered.

13 RELIEF REQUESTED

14 **WHEREFORE**, the plaintiff **HENRY WILDS** request this Court to grant
15 the following relief:

16 A. Award Compensatory damages in the following amounts:

17 1. \$750,000 jointly and severally against defendant(s) DONALD
18 GINES, NARAYANSWAMY DAYALAN, TIMOTHY W. FRIEDERICHs, QUAN DINH,
19 INDERJIT GREWAL, and CHRIS HILLEARY , for the physical and men-
20 tal injury(s) the plaintiff has been forced to sustain as a
21 result of their Deliberate Indifference and/or Medical Malprac-
22 tice/Negligence.

23 B. Award Punitive damages in the following amounts:

24 1. \$75,000 each against defendant(s), TIMOTHY W. FRIEDERICHs,
25 NARAYANSWAMY DAYALAN, QUAN DINH, and INDERJIT GREWAL.

26 2. \$10,000 each against defendant(s), DONALD GINES, and CHRIS
27 Hilleary.

28 C. Cost of this action, including reasonable Attorney Fee's to the

1 plaintiff; and

2 D. Such other relief the Court may deem appropriate.

3
4
5 DATED: 6-4-08

6
7
8 RESPECTFULLY SUBMITTED

9
10 Henry Wilds
11 Henry Wilds In-Pro-Se
12

13 //

14
15
16 //

17
18
19
20 //

21
22
23
24 //

25
26
27 //
28

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION

HENRY WILDS.,
plaintiff.,

v.

DONALD GINES et al.,
defendants.,

No. _____

EXHIBITS AS REFERENCED IN
THE ATTACHED COMPLAINT OF
THE PLAINTIFF

DEPARTMENT OF CORRECTIONS

STATE OF CALIFORNIA

195
20

195

19

214

Reason for Consultation

Please help see this 30 y.o man
with 5 yr history of low back pain
only recently, pain is going down @
buttock + leg with some numbness. Has sudden
quadrigas & calf on @ > @

Signature of Referring Doctor

1. Ruamquith

X-ray L-5. Spine penetrating

Date

3-11-86

Consultant's Report

Mr. Wilds has a history of back pain for five years. He says he was beaten up with some sticks or bats while he was in Folsom. He has been seen there, he was seen in Chino. He has back pain with left sciatica, about as far as the knee. He says he occasionally has paresthesias. There is obvious muscle spasm upon regaining the upright position. There is positive straight leg raising at about 50 degrees bilaterally with contralateral referral of pain. Flexion exercises, I think, are all that he needs right now. I don't think any further treatment is indicated other than perhaps five days worth of Motrin.

Signature of Consultant

Tucker Barth, M.D.

ORTHOPEDICS

ORTHOPEDIST

Date

4/1/86

Name of Patient

Wilds, Henry

Number

B-56065

Hospital

DEUEL VOCATIONAL INSTITUTION

CONSULTANT'S RECORD

CDC 7243 (Rev. 9/77)

Orthopedic Clinic

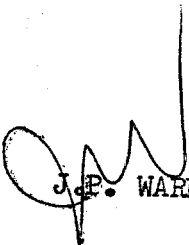
CIM EAST - DR. MEYER

HOSPITAL OF
CALIFORNIA INSTITUTION FOR MEN
CHINO, CALIFORNIA

CIM EAST

NAME WILDS, HENRY NO. B-86065 DATE 4-24-87
Radiology Report
X-RAY of ~~CHEST-INTAKE~~ HISTORY AP THORACIC/LUMBAR SPINE. R/O SCOLIOSIS.

NEGATIVE


J.P. WARREN, M.D.

ALLERGY

DATE TIME

Received at C.I.M.-E this date.....
 and medical records screened. Needs the
 following work done immediately:....P.E. ASAP.

APR 22 1987

D. Bennett MTA

4/24/87 7³⁰ AM Claim low back injury for 1980, while in
 Folsom Prison. States he was beat &
 B/P 124/14. AX samples. States the low back pain
 is radiating down thru his (L) leg, affecting
 strength and coordination movement.
 Will refer to Dr. Meyer for evaluation. Itx -
 W. J. P. M. D.

4/24/87 Has medical records.

- (1) motor 4/10
 (2) Reflex in 4/10
 (3) Back exercise

✓ Check - check for rats
 ✓ Spinal - he is really not
 he is really not really
 the really really really

J. J. J.

NAME W. J. J. Henry

NUMBER B-86065

OUTPATIENT MEDICAL RECORD

(OVER)

7:35

44-u

NO MED CHART

ALLERGY

NUK

DATE TIME

7-7-90 - 1000 - I - HAVE A INFLAMED APPENDIX; ALSO, HX
OF ULCERS; I HAVE BEEN ON TIBIDNET
AND IT HELP
D. V.S. 98.4. 12/12 - 78 78 - SKIN WARM + DRY
NO DISTENTION @ R/L/R. BOWEL SOUNDS PRESENTS
STOMACH SOFT TO THE TOUCH, NO REBOUND
TENDERNESS EXPRESSED.
P. I.M. TO DR. TO REVIEW AND REEVALUATE
STATED CONDITION; I.M. UNDERTAKING
FOR MEDICAL HISTORY WITH RUNDY

10/09/91 B/P - 110/80 (R)
O Heart - RSR S (m) L
A ~~Q~~
P O EKG / M. R. G. / M. R. G.

[Signature]

OCT 25 1991 HR reviewed. M. Johnson MTA

NOV 21 1991 Filed 602 wanting a copy of a laboratory
report concerning another inmate. Denied.
Medical information is confidential.
M. Johnson MTA

NOV 22 1991 SOA - wants Simethicone for flatulence.
M. Johnson MTA
[Signature]

DEC 10 1991 SOA - wants Metamucil for gas. Says Simethicone
not helping. M. Johnson MTA

NAME

WILKES

HAIR

NUMBER

53395

(OVER)

OUTPATIENT MEDICAL RECORD

ALLERGY

DATE	TIME	
1-4-92		H.R. reviewed CSP-Fac B. Old chrono noted & dated 1986 about seizures. No medication of such in chart. Back c/o's also noted. Cleared for ED/FA at this time <i>[Signature]</i>
1-9-92		No show sk From WMA
11-4 March 92		PT has chronic Low Back Syndrome needs Motrin ProBax renewed will do 8:30 AM Also needs chrono for Lower Back. He has a problem chobing the top Back. Dad is Underband. Had EROy Lssten done. Re Chrono. For Medical Records & Lower Back chrono Renewed & 6 weeks 2 Motrin 400 mg qid x 30 days 3. ProBax 500mg qid x 30 d 4. CBC } in AM 5. UA } <i>[Signature]</i> <i>[Signature]</i>
4-13-92	0900	Lab drawn from 3-16-92 order. — C. Miller mta
6-17-92	0900	Sick Call: ⑤ Requests med renewal — presented med envelopes x2. @ Hx of Motrin & ProBax use for "Chronic Low Back Syndrome". AD Chart to Dr. for med eval. — C. Miller mta
6/28/92		H/R reviewed. CSP "A" fac / AD-84 — <i>[Signature]</i>

NAME WILDS

NUMBER ESS595

(OVER)

OUTPATIENT MEDICAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

INSTITUTION CSP/LAC	DATE OF ARRIVAL 9-13-93	FROM Folsom
-------------------------------	-----------------------------------	-----------------------

CURRENT MEDICAL/DENTAL/PSYCHIATRIC PROBLEMS/COMPLAINTS

Current Illness/Health Problems (Specify):

LB injury. SCOLIOSIS (chronic for lower Trunk/Back)

History of alcohol/drug abuse (specify type, mode of use, amounts, frequency, any withdrawal):

0

History of hospitalization/treatment for mental illness/suicide (include dates and location):

FOR LBP

Other (Specify):

CURRENT MEDICATIONS**Albucor**

List medications/dosage/frequency:

MUTRIN/ROBAXIN**GENERAL APPEARANCE AND BEHAVIOR**

Behavior (include state of consciousness, mental status, appearance, conduct and tremor):

Good

Body deformities (note location/ease of movement):

missing little toe R foot

Condition of Skin (include trauma, lesions, jaundice, rashes, needlemarks):

good**DISPOSITION**

- ☒ Release to Custody
- ☐ Release to Custody with PROMPT referral to (specify): _____
- ☐ IMMEDIATE referral to (specify): _____

Special needs: _____

Remarks: _____

Signature: **[Signature]**

MD/RN/MTA

Date:

9-23

INMATE'S NAME

WILDS, HENRY

CDC NUMBER

E-55595**DOB 2/14/56**

TIME PROBLEM #

1/16/93

Refill
12/18/93
11:12
12/18/93
11:12

Refill Robaxin 500 mg QID
400 mg QID 730 day
Hydrocortisone BID with 10 day
allergic rash on
Gh

MAY 19 1994

Refill
5-19-94
11:00

Refill:
Motrin 400 mg QID
Robaxin 500 mg QID 730 day
for chronic low back pain
synthroid
Repeat LS xray. & h/o of LBS.
Diet & exercise

6-9-94

CDC 602 answered and returned to
cinema. A. Parish, MD

6/14/94

Chronic
comp
LBS
6-15

Chronic: light duty; no heavy lifting, no the
25 lbs no climbing, no long stairs.
for 1 yr. for LBS. Pls add (no weight pile)

JUL 22 1994

Referral signed for xray

INSTITUTION

CSP/LAC

ROOM / WING

A. C4-235L

Allergic PCN

CDC NUMBER, NAME (LAST, FIRST, MD)

WILDS, Henry
E-55555

OUTPATIENT INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	PROBLEM #	
8-19-94			Drew LAB <i>[Signature]</i> MTA
10/31/94			MT ch. pain & tightness in lower back. on walking. x 2 weeks. Roan WY S/P. CB. Injury. x 1983. - Subacute. spine. Ch. LBP.
10/31/94			1/8 Motion 600 mg PO q 4-6h prn } (41) Kobaxin 750 mg PO BID } 100
11/14/94			Extend chrono of 6/20/94 MTA rules re - Restricted duty. x 6 mths MTA rules

DATE	TIME	PROBLEM #	
9/23/98			There is no his of some disorder
			D/P 11/6/84 sitting
X119			Full duty status
			H. J. Wells proff.

RECEIVED	
SEP 21 1998	

RECEIVED CTF MEDICAL

11/23/98 SS Ques for LBP — 089572
11/18/98 ACP to mp — Vm

wt 249 ⑤ kg ch. Back Pain 20cc.
referred to rt. L/E SW ca 1980
Now Pain ↑ X 3 wks.

0 - 8pm - no duty / tendering
no parental tendering
Sik - nap Bi

A ② ch. Back Pass
P ② S.O.

(I. GRENA)

INSTITUTION	CIT	ROOM / WING	X-119
-------------	-----	-------------	-------

OUTPATIENT INTERDISCIPLINARY PROGRESS NOTES

CDC NUMBER, NAME (LAST, FIRST, MD)

2555

W. L. L.

Order Date	Time	Problem #	Physician's Order and Medication (Orders must be dated, timed, and signed.)
11/19/98			<p>① Robaxon - 500mg TID - po x 14</p> <p>② Motrin - 400mg TID - po x 30 days</p> <p>③ Chemo :- I/A may be housed in lower bunk / lower tier x 30 days - Back Pain</p> <p>ABD (I - GROWAC) pmsw 1110 11/19/98</p>
3-11-99			<p>Renew 1. Robaxon 500mg TID po prn) 30 days</p> <p>2. Motrin 400mg TID po prn)</p> <p>Chemo :- Due to lumbar disc disease, invertebral should be housed in 1st tier lower bunk - Duration - indefinite</p>

ALLERGIES:

INSTITUTION

ROOM/WING

CDC NUMBER	NAME (LAST, FIRST, MI)
100-100000000	100-100000000

Confidential
client information
See W & I Code, Sections 4514 and
5328

ESTTS
Wilds

PHYSICIAN'S ORDERS

DATE	TIME	
9/11/99	1019	44 y.o. M int ethnic = L. LTP. V: 112/80, 80, 18, 98.4. WT: 237# Allw: PCN. In abt - unbr desc desc, 14 - sclerosis 14 yrs (hrt) - Denis report of heart + tuberc r he = he later took 1st hr - 9/11/99
8/5/99	1335	C/O of palpitations at LIGHTHEADEDNESS. STATED HAVE FAMILY HISTORY OF CARDIOVASCULAR DISEASE. W: BP - 150/90 ; 80 ; 18 ; 98.4 S A Short Run to Low T with BP with Post used to the strength of avocards P 60 Bole BP 140/90 4 am No l egg ch caused felt no beat 2 hrs that no sleep At 8 pm For no ok legs: w m A Hrt P as usual

INSTITUTION CTF-C	PHYSICIAN	ROOM NO. E120	CDC NUMBER, NAME (LAST, FIRST, MI) Wilde E 955 95
----------------------	-----------	------------------	---

PHYSICIAN'S PROGRESS NOTES

NAME AND NUMBER WILDS

E-55595

CTF-Central

CDC-128-C

Inmate WILDS E-55595, due to a medical condition (lumbar disc disease) should be housed in a lower bunk and first tier.

DURATION: Indefinite.

ORIG: C-FILE

COPY: UNIT SGT.

INMATE

CONTROL

ASSIGN. LT.

CCI

MEDICAL FILE

CHRONO FILE


D. GINES, M.D.

STAFF PHYSICIAN

CORRECTIONAL TRAINING FACILITY

DATE: 3/12/99

WILDS

E-55595

cjw

MEDICAL-PSYCHIATRIC-DENTAL

DATE	TIME	
8/19/99		44 year old B/W to clinic for LBC B/P 130/90 P84 As above. chronic low back p 2" to low back drive i sessions. Hypertension 20 years -- Dyazide P - to stay at low back status
9-2-99		FLUPC DR. DAYALAN T98.6 P88 R22 B/P 122/90 242 SA SWIM day were no caught O Nail soft 2nd Hot no fever No 128 L 5-3. chest 238 DWN 11 Chest 1-5 - Short 22. A H/W Miled to market Bank P P ordered Instruction regarding diet & Exercise given

INSTITUTION CTF	PHYSICIAN	ROOM NO. E 124	CDC NUMBER, NAME (LAST, FIRST, MI) Wilds E55595
--------------------	-----------	-------------------	---

PHYSICIAN'S PROGRESS NOTES

DATE	TIME	PHYSICIAN'S PROGRESS NOTES
4/5/02	1020	HTN meds ex'cd. Renewed. to be seen by MD prior to next repeat. D/P "H8 P80" ————— Brown
4/26/02	1930	46 y.o. bllr ♂ into clinic w/ umbilical hernia. ————— V/s: 132/86, 102, 20, 94.9. WT: 269#. NHTA. ————— Thayer Rt of hernia + stomach that's occas painful. Abds 3-4 cm ventral hernia above umbilicus, reducible ventral hernia - stable, by stress, RCT if partial nixed. Advise Pt to avoid straining. ————— Q. S. M. D. M. D. A.
5-6-02	0835	46 y "Radiating Hip pain x 2 wks" 98-72-16 124/68 271# + Wants Prostate ✓ if To MD ————— Sciatica RLE
5-6-02	10 00	(S) pain that "burns," goes from the top of the (Rt) foot back up the (Rt) leg to (Rt) hip area; nocturnal (O) Back - fair from SLR (+) on (Rt) @ 60° Ditz - 2+, (-) on (Lt) symmetric Next Page Rectal - NAM Prostate - No Nodules.

INSTITUTION
C77

PHYSICIAN

ROOM NO.

E124

CDC NUMBER, NAME (LAST, FIRST, MI)

Wilds

Hemoccult
- NEG

ES5595

PHYSICIAN'S PROGRESS NOTES

DATE	TIME				
5-6-02	10 ⁰⁰	<p>(A) probable DDD Lumbar Spine Radiculopathy (Rt) L4</p> <p>(B) See Orders Measurement re prostate</p> <p><i>T. Friederichs</i></p> <p>TIMOTHY W. FRIEDERICHS, M.D. STAFF PHYSICIAN & SURGEON CTF - SOLEDAD</p>			
5-13-02	11 ¹⁰	<p>CBC -</p> <table border="1"> <tr> <td>3.7</td> </tr> <tr> <td>16.0</td> </tr> <tr> <td>44.1</td> </tr> </table> <p>Lipids - Chol - 223 HDL - ↓ 36 Triglyc - 160</p> <p>Cr - 1.9</p> <p>(P) Flu Apt for dietary counselling + UA</p> <p><i>T. Friederichs</i></p> <p>TIMOTHY W. FRIEDERICHS, M.D. STAFF PHYSICIAN & SURGEON CTF - SOLEDAD</p>	3.7	16.0	44.1
3.7					
16.0					
44.1					

INSTITUTION	PHYSICIAN	ROOM NO.	CDC NUMBER, NAME (LAST, FIRST, MI)
-------------	-----------	----------	------------------------------------

E555 95

Hild

PHYSICIAN'S PROGRESS NOTES

NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION
TO PHARMACY AFTER EACH ORDER IS SIGNED.

Order Date	Time	Problem #	Physician's Order and Medication (Orders must be dated, timed, and signed.)
4/26/02	10:00	①	abdominal issues - large <i>Timothy W. Friederichs</i>
<p><i>Noted</i> <i>RPW</i> <i>4/26/02</i> <i>10:15</i></p>			
5-6-02	10:00	①	Xray - (Rt) Hip & LS Spine
		②	Motrin 600 mg + BID pc x 14 d
		③	C-20 Lipid Panel, CBC, PSA
		④	Back Exercises
			- GIVEN <i>J. Friederichs</i>
TIMOTHY W. FRIEDERICHS, M.D. STAFF PHYSICIAN & SURGEON CTF - SOLEDAD			
5-13-02	11:10	①	F/u Appt. to myself 5-20-02 <i>J. Friederichs</i>
<p><i>Noted</i> 5-13-02 11:15 <i>J. Friederichs</i></p>			
TIMOTHY W. FRIEDERICHS, M.D. STAFF PHYSICIAN & SURGEON CTF - SOLEDAD			

ALLERGIES:

NKDA

INSTITUTION

CTF-C

ROOM/WING

E124 E124

CDC NUMBER, NAME (LAST, FIRST, MI)

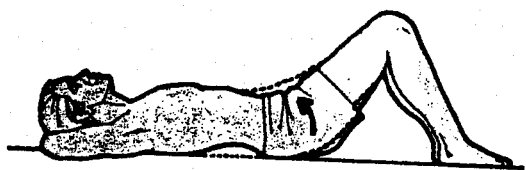
Confidential
client information
See W & I Code, Sections 4514 and
5328

PHYSICIAN'S ORDERS

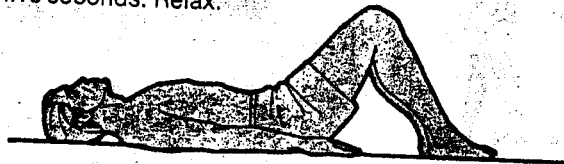
Wilds

E555 95

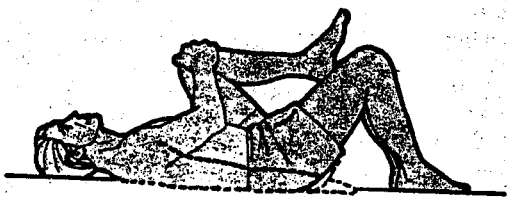
1.



Lie on your back with knees bent and hands clasped behind neck. Feet flat on the floor. Take a deep breath and relax. Press the small of your back against the floor and tighten your stomach and buttock muscles. This should cause the lower end of the pelvis to rotate forward and flatten your back against the floor. Hold for five seconds. Relax.



2.



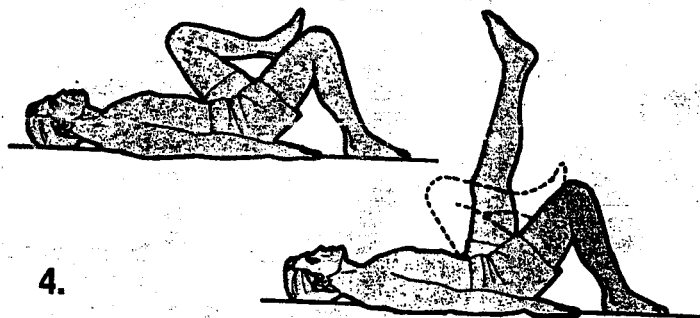
Lie on your back with knees bent. Feet flat on the floor. Take a deep breath and relax. Grasp one knee with both hands and pull as close to your chest as possible. Return to starting position. Straighten leg. Repeat with alternate leg.



3.



Lie on your back with knees bent. Feet on the floor. Take a deep breath and relax. Grasp both knees and pull them as close to your chest as possible. Hold for three seconds, then return to starting position. Straighten legs and relax.



4.



Lie on your back with knees bent. Feet flat on the floor. Take a deep breath and relax. Draw one knee to chest. Then point leg upward as far as possible. Return to starting position. Relax. Repeat with alternate leg.

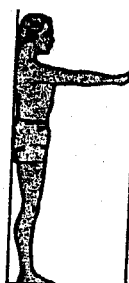
NOTE: This exercise is useful in stretching tight hamstring muscles, but is not recommended for patients with sciatic pain associated with a herniated disc.

5.



a. Lie on your stomach with hands clasped behind back. Pull shoulders back and down by pushing hands downward towards feet, pinching shoulder blades together, and lift head from floor. Take a deep breath. Hold for two seconds. Relax.

b. Stand erect. With one hand grasp the thumb of other hand behind the back, then pull downwards toward the floor; stand on toes and look at the ceiling while exerting the downward pull. Hold momentarily, then relax. Repeat 10 times at intervals of two hours during the working day. Take an exercise break instead of a coffee break!

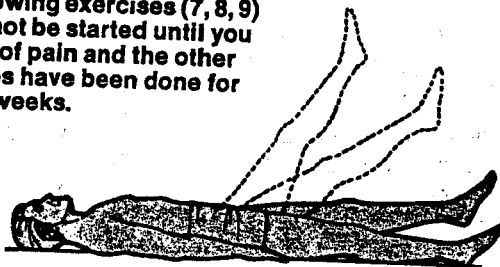


6. Stand with your back against doorway. Place heels four inches away from frame. Take a deep breath and relax. Press the small of your back against doorway. Tighten your stomach and buttock muscles, allowing your knees to bend slightly. This should cause the lower end of the pelvis to rotate

forward (as in Exercise 1). Press your neck up against doorway. Press both hands against opposite side of doorway and straighten both knees. Hold for two seconds. Relax.

The following exercises (7, 8, 9) should not be started until you are free of pain and the other exercises have been done for several weeks.

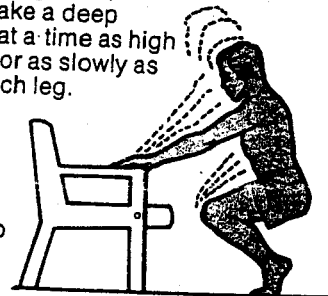
7.



Lie on your back with your legs straight out, knees unbent and arms at your sides. Take a deep breath and relax. Raise legs one at a time as high as is comfortable and lower to floor as slowly as possible. Repeat five times for each leg.

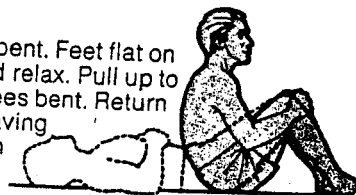
8.

May be done holding onto a chair or table. After squatting, flex head forward, bounce up and down two or three times, then assume erect position.



9.

Lie on your back with knees bent. Feet flat on floor. Take a deep breath and relax. Pull up to a sitting position keeping knees bent. Return to starting position. Relax. Having someone hold your feet down facilitates this exercise.



Exercises for better back care

General Instructions

Your best back support is derived from your own back muscles! Faithful performance of back exercises often avoids the necessity of an external brace or corset. Back muscles can give you all the support needed if you strengthen them by routine performance of prescribed exercises.

Exercises

Follow the exercise routine prescribed by your doctor. Gradually increase the frequency of your exercises as your condition improves, but stop when fatigued. If your muscles are tight, take a warm shower or tub bath before performing your back exercises. Do not be alarmed if you have mild aching after performing exercises. This should diminish as your muscles become stronger.

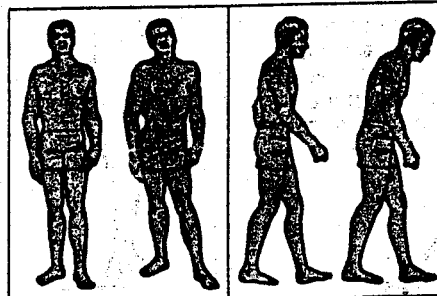
Exercise on a rug or mat. Put a small pillow under your neck. Wear loose clothing; no shoes. Stop doing any exercise that causes pain until you have checked with your doctor.

Additional Instructions

SEE BACK OF THIS PAGE
FOR RECOMMENDED EXERCISES.

Helpful hints for a healthy back

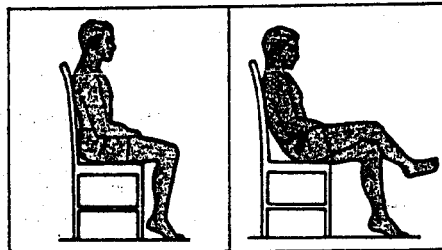
Standing and walking



Correct Incorrect Correct Incorrect

Try to toe straight ahead when walking; put most of your weight on your heels; hold your chest forward and elevate the front of the pelvis as if walking up an incline. Avoid wearing high heels. Stand as if you are trying to touch the ceiling with the top of your head, eyes straight ahead. All the elements of good posture will flow from these simple maneuvers.

Sitting

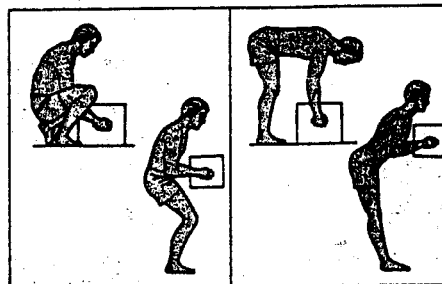


Correct

Incorrect

Sit in a hard-back chair with spine pushed back; try to eliminate the hollow in the lower back. If possible, elevate the knees higher than hips while sitting in an automobile. Secretaries should adjust posture chairs accordingly. Sit all the way back in the chair with your back erect.

Lifting



Correct

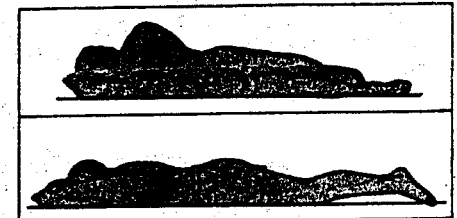
Incorrect

Bend your knees; squat and lift with your thigh muscles, not your back. Never bend over with your knees straight and lift with the upper torso.

Move slowly and avoid sudden movements. Try to avoid lifting loads in front of you above the waist line. Avoid bending over to lift heavy objects from car trunks, as this places a strain on low back muscles.

Sleeping

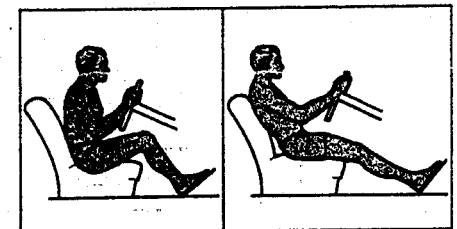
Correct



Incorrect

Sleep on a firm mattress; a 3/4 inch plywood bed board is helpful and should be used with all but a very firm orthopedic mattress. With acute back pain, sleep with a pillow or blanket rolled under the knees and a pillow under the head. Keep your knees and hips bent when sleeping on your side.

Driving

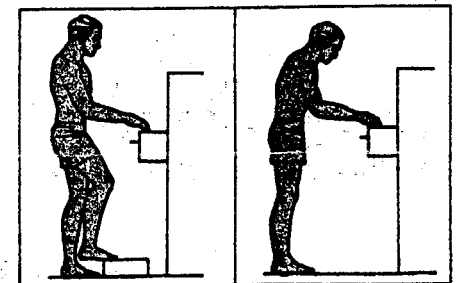


Correct

Incorrect

Use a firm seat with a padded plywood or special seat support. Sit close to the wheel with knees bent. On long trips, stop every one to two hours and walk to relieve tension and relax muscles.

Working



Correct

Incorrect

Try to avoid fatigue caused by work requiring long standing. Flex hips and knees by occasionally placing a foot on a stool or bench. Take exercise breaks from desk work by getting up, moving around and performing a few back exercises in the standing position.

X-RAY REPORT

DEPARTMENT OF CORRECTIONS
CORRECTIONAL TRAINING FACILITY

NAME: WILDS, HENRY CDC #: E-55595 CELL: E-124 DOB: 02/14/56 DATE: 05/10/02

EXAM REQUESTED:
LUMBAR SPINE

CLINICAL DATA:
BACK PAIN

REFERRING PHYSICIAN:
T. FRIEDERICHS, M.D.

22 5-21-02

RADIOGRAPHIC REPORT:

LUMBAR SPINE: AP and lateral survey views of the lumbar spine are obtained on 05/10/02.

There is hypertrophic spurring of the margins of the L5 vertebral body, as well as the anterior aspect of the S1 vertebra, consistent with degenerative disc disease involving the L5-S1 intervertebral disc space. The L4-5 interspace is also slightly narrowed. No other intrinsic bone or joint pathology is seen. The remaining interspaces are intact. There is no acute trauma.

IMPRESSION:

THERE IS EVIDENCE OF DEGENERATIVE DISC DISEASE INVOLVING THE L5-S1 INTERSPACE, WITH HYPERTROPHIC SPURRING OF THE MARGINS OF THIS INTERSPACE.

05/14/02
DATE READ

NHP
NELSON H. PARKER, M.D.
RADIOLOGIST

NHP/gmj
05/14/02

EX # 15 1 of 2

SALINAS VALLEY RADIOLOGISTS, INC.

A MEDICAL GROUP
559 Abbott Street • Salinas, California 93901
Telephone (831) 775-5200

JAMES A. KOWALSKI, M.D.
DONALD A. CATALANO, M.D.
GILES A. DUESDIEKER, M.D.
MICHAEL E. BASSE, M.D.
DAVID A. STAUNTON, M.D.
GARY E. FALKOFF, M.D.
RICHARD A. VILLALOBOS, M.D.

CHRIS GLENN, M.D.
B. MISA HOSOHAMA, M.D.
Y-LAN HO, M.D.
BRUCE LIN, M.D.
F. SCOTT PERELES, M.D.

PATIENT NAME
HENRY-E55595 WILDS

ACCOUNT NO
9457632

RADIOLOGY NUMBER
9032611

AT THE REQUEST OF
NARAYANSWAMY DAYALAN MD
CTF SOLEDAD
P O BOX 686
SOLEDAD, CA 93960

DATE OF BIRTH
02/14/1956

AGE/SEX
51/M

DATE OF SERVICE
08/15/2007

The study was performed by an outside facility and the film submitted to Salinas Valley Radiologists for interpretation.

LUMBAR SPINE

HISTORY: 51- year-old man presents with history of low back pain.

FINDINGS: Frontal, lateral and coned down views of the lumbar spine are submitted for review. Findings are compared with prior study from May 10, 2002.

There is straightening of the normal lumbar lordosis. The bone density is normal with normal trabecular pattern. Marginal osteophytes are seen at L4, L5 and S1 vertebral bodies anteriorly. The marginal osteophytes are slightly more prominent, especially at L4-5 level as compared to prior study. Mild disk height narrowing seen at L4-5 level with moderate disk height narrowing at L5-S1 level. Vacuum disk phenomenon is seen at L4-5 and L5-S1 level. The paraspinal soft tissue is normal. The sacroiliac joints are within normal limits.

IMPRESSION: Spondylosis consistent with degenerative changes of the lumbar spine. This is slightly worse than seen on prior study. There is degenerative disk disease at L4-5 and L5-S1 levels, also slightly worse than seen on prior study.

SACRUM AND COCCYX

FINDINGS: Frontal and lateral views of the sacrum and coccyx are submitted for review. Findings are compared with the lumbar spine from May 10, 2002.

The sacrum and coccyx show normal bony alignment. Bone density is normal with normal trabecular pattern. Focal area of sclerosis is seen of the right sacroiliac joint in the superior region. This is unchanged from prior study. The sacral neural arch is symmetric bilaterally. Soft tissue is normal. Bony spurring of the lower lumbar spine consistent with degenerative changes.

IMPRESSION:

EX # 15 2 of 2

Patient: HENRY-E55595 WILDS
D.O.B.: 02/14/1956
Account #: 9457632

Continued: Page 2 of 2

1. Focal sacroiliitis seen of the right sacroiliac joint superiorly. This is unchanged from prior study.
2. Degenerative changes of the lower lumbar spine.

Thank you for referring your patient to us,



Y-Lan Nghiem-Ho, MD
YLH/nw
8/22/07

DATE TIME

9/18/7 1415

S: "No longer have low back pain but have numbness of (L) leg + pain in buttock. Was doing burpees ~ 5 wks ago."

D: pleasant + cozy. Ambulatory fine.
D base: MAD

Rad: Full ROM. ⊖ SLR. ⊖ sitting SLR.

Mild clt pain (R) buttock ⊖ (L) leg raise.

VS: 149/91, 64

XRAY lumbar: DDD worse
than before: L4-S1
Spandy losses.

AP (L) LBP - Spandy losses / DDD - stable for now.
Cont. back exercises. No burpees. Maintain 600-700.
Will order MRI lumbar. Flu p MRI pain.

(L) H2N - refill meds.

Ullers P

INSTITUTION

CTF

HOUSING UNIT

B113L

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

wilder

E55595

INTERDISCIPLINARY PROGRESS NOTES

PHYSICIAN REQUEST FOR SERVICES

B113L

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME	W. I. D. S. Henry	CDC NUMBER	E 55595	INSTITUTION	CTF
DATE OF BIRTH	2/14/56	EPID DATE	LIFE 7/16/2013	GENDER	M
PRINCIPLE DIAGNOSIS	LBP	ICD-9 CODE	724.2	CPT CODE(S)	
REQUESTED SERVICE(S)	MRI Lumbar			# OF DAYS RECOMMENDED	

Please circle all that apply: Diagnostic ☒ Procedure/Consultation

Outpatient/Inpatient

Initial/Follow-up

Requested Treatment/Service is: EMERGENT

URGENT

ROUTINE

For the purpose of retrospective review, if emergent or urgent, please justify:

Proposed Provider: MRI

Anticipated Length of Stay:

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer):

Medical Necessity (briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant): SI 4/6 c/o acute-chronic low back pain & numbness @ leg & buttack pain X 4-6 wks.

Estimated time for service delivery, recovery, rehabilitation and follow-up:

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months): XRAY 8/07: Spondylosis + DDD L4-S1, L5-S1
Focal sacroiliitis @ Sacroiliac joint.

Comments (diagrams, risk factors, prognosis, alternative management, etc.): NSAID + ROM exercise.

REQUESTING PHYSICIAN PRINTED NAME	W. I. D. S.	APPROVED / AUTHORIZED / DENIED / DEFERRED BY	DATE
REQUESTING PHYSICIAN SIGNATURE	W. I. D. S.	DATE	Utilization management tracking #:
DATE OF CONSULTATION		9/18/7	07108-14-OP-0829
		PRINTED NAME OF CONSULTANT	

FINDINGS: MRI DONE 11/5/07 TS

RECOMMENDATIONS:

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED:

CONSULTANT SIGNATURE	DATE	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
ETA RN SIGNATURE	DATE	W. I. D. S. E 55595
PCP SIGNATURE	DATE	

Attach Progress Note page for additional information.

THIS FORM MUST BE RETURNED WITH THE PATIENT!!!

DISTRIBUTION:

- ORIGINAL - FILE IN UHR
- GREEN - TO UHR PENDING ORIGINAL
- CANARY - CONSULTANT
- PINK - UM
- GOLD - SPECIALTY SCHEDULER

SALINAS VALLEY RADIOLOGISTS, INC.

A MEDICAL GROUP
559 Abbott Street • Salinas, California 93901
Telephone (831) 775-5200

JAMES A. KOWALSKI, M.D.
DONALD A. CATALANO, M.D.
GILES A. DUESDIEKER, M.D.
MICHAEL E. BASSE, M.D.
DAVID A. STAUNTON, M.D.
GARY E. FALKOFF, M.D.
RICHARD A. VILLALOBOS, M.D.

CHRIS GLENN, M.D.
B. MISA HOSOHAMA, M.D.
Y-LAN HO, M.D.
BRUCE LIN, M.D.
F. SCOTT PERELES, M.D.

PATIENT NAME

HENRY-E55595 WILDS

ACCOUNT NO

9463035

RADIOLOGY NUMBER

9032611

AT THE REQUEST OF

TIMOTHY FRIEDERICHS MD

DATE OF BIRTH

02/14/1956

AGE/SEX

51/M

DATE OF SERVICE

11/05/2007**PO BOX 686****SOLEDAD, CA 93960**

The study was performed by an outside facility and the film submitted to Salinas Valley Radiologists for interpretation.

MRI LUMBAR SPINE

HISTORY: The patient is a 51 year-old male with acute and chronic low back pain and numbness in the left leg.

PROCEDURE: Scanning performed at 1.5T in multiple planes with various standard and/or modified spin echo and/or gradient echo sequences to observe morphology and tissue signal characteristics. These will be detailed as may be appropriate in the report below.

FINDINGS: The bones, disks and soft tissues are normal down to and including L2-3. However, at L3-4 we see tight central spinal stenosis and moderate foraminal stenosis from a combination of both congenital and acquired pathology. There is only slight disk bulging. L4-5 shows virtually complete obliteration of the central canal, again I believe, because of short pedicles congenitally, but also at least a moderate degree of disk protrusion or annular bulging. The foramina at this level are moderately encroached upon also. The L5-S1 level is not as severely stenotic centrally and the neural foramina likewise are not as constricted as the level above, but nonetheless there appears to be circumferential annular bulging and encroachment on the ventral thecal sac. There are also some chronic degenerative endplate signal changes here as well, and on the parasagittal images, the foramina seem to be encroached upon moderately, at least.

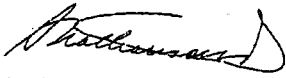
IMPRESSION: Moderate disk disease, most severe at L5-S1, but in conjunction with what seems clearly to be an element of congenital canal narrowing, there is very tight central stenosis at L3-4 and L4-5, but less so at L5-S1. Please see details above.

Thank you for referring your patient to us,

Thank you for referring your patient to us,

Patient: HENRY-E55595 WILDS
D.O.B.: 02/14/1956
Account #: 9463035

Continued: Page 2 of 2



Arthur M. Nathanson, MD
AMN/nw
11/15/07

HEALTH CARE SERVICES PHYSICIAN REQUEST FOR SERVICES

EX # 19

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

B 113 L

PATIENT NAME WILDS		CDC NUMBER E55595		INSTITUTION CTF	
DATE OF BIRTH 2-14-56		EPRD DATE LIFER		GENDER male	
PRINCIPLE DIAGNOSIS Bowl pain Number of 4 fort on 1st			ICD - 9 CODE		CPT CODE(S)
REQUESTED SERVICE(S) New Surgery Consult				# OF DAYS RECOMMENDED	

Please circle all that apply: **Diagnostic Procedure/Consultation** **Outpatient/Inpatient** **Initial/Follow-up**
 Requested Treatment/Service is: **EMERGENT** **URGENT** **ROUTINE**

For the purpose of retrospective review, if emergent or urgent, please justify:

Proposed Provider: _____ Anticipated Length of Stay: _____

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer): _____

Medical Necessity (briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant):

**Heavy Low Bowl pain on 1st
few months Same time Number of 4 fort**

Estimated time for service delivery, recovery, rehabilitation and follow-up: _____

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months): _____

Comments (diagrams, risk factors, prognosis, alternative management, etc.): _____

REQUESTING PHYSICIAN PRINTED NAME M. DAYAN	APPROVED / AUTHORIZED / DENIED / DEFERRED BY		DATE
REQUESTING PHYSICIAN SIGNATURE M. Dayan	DATE 12/9/07	Utilization management tracking #:	
DATE OF CONSULTATION		PRINTED NAME OF CONSULTANT	

FINDINGS: _____

RECOMMENDATIONS: _____

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED: _____

CONSULTANT SIGNATURE	DATE	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
ETA RN SIGNATURE	DATE	
PCP SIGNATURE	DATE	

Attach Progress Note page for additional information.
THIS FORM MUST BE RETURNED WITH THE PATIENT!!!

DISTRIBUTION:
 ORIGINAL - FILE IN UHR
 GREEN - TO UHR PENDING ORIGINAL
 CANARY - CONSULTANT
 PINK - UM
 GOLD - SPECIALTY SCHEDULER

SIERRA VISTA REGIONAL
MEDICAL CENTER
1010 Murray Ave.
San Luis Obispo, CA 93405
805-546-7953
DOB: 02/14/1956
Page 1 of 2

PT: WILDS, HENRY
MR#: 000705780
PT: 1
ADM: 04/28/2008
ACCT: 010995751
90533RAMBERG
OPERATIVE REPORT
SVM
RM: 0499 A
DIS:
AUTH ID: V600

DATE OF OPERATION: 04/28/2008

SURGEON: DONALD A. RAMBERG, M.D.

ASSISTANT SURGEON:

PREOPERATIVE DIAGNOSIS: Lumbar stenosis L3-S1 with bilateral lumbar radiculitis and diskogenic pain.

POSTOPERATIVE DIAGNOSIS: Lumbar stenosis L3-S1 with bilateral lumbar radiculitis and diskogenic pain.

PROCEDURE:

1. Bilateral lumbar laminectomy decompression L3-L5.
2. Bilateral lateral lumbar fusion L3 through sacrum using Infuse and autologous bone.
3. Posterior segmental instrumentation L3 through sacrum using Laguna pedicle screws.

DESCRIPTION OF PROCEDURE: Under general anesthesia, the patient was placed in the prone position on the Wilson frame. Back was prepped in the usual manner. Midline incision was made in the lumbar area. Dissection was carried down to expose bilaterally the sacrum and the transverse processes of L3-L5. X-rays used for identification. Fluoro navigation unit was brought and AP and lateral fluoroscopy were obtained and used for virtual fluoroscopy. Using this as an aid, pedicle screws were placed bilaterally into L3-L5 using 6.0 x 40 mm Laguna pedicle screws and two 6.0 x 35 mm Laguna pedicle screws were placed in the sacrum all tested negative for EMG stimulation. Evoked potentials were done and EMGs were stable throughout the procedure. X-ray also showed good placement of instrumentation. Then a bilateral decompression L3-4-5 was then done from the top of the sacrum. Bone was very hard and dense. Rongeur was used. Thecal sac was decompressed bilaterally. This seemed to be bilaterally affecting the L5 nerve roots. The base of the L5-S1 disk hemostasis was achieved with the bipolar cautery and then some Surgicel. The transverse processes were decorticated bilaterally. Rods were placed using pedicle screws on either side and all set screws tightened. X-ray showed good placement. Along the transverse processes on either side at each interspace was placed three Infuse sponges wrapped around a matrix segment, followed by autologous bone. Hemostasis of the muscle. The muscle was closed with #1 Vicryl and fascia closed with #1 Vicryl. Medium Hemovac drain was placed and the subcutaneous

SIERRA VISTA REGIONAL
MEDICAL CENTER
1010 Murray Ave.
San Luis Obispo, CA 93405
805-546-7953
DOB: 02/14/1956
Page 2 of 2

PT: WILDS, HENRY
MR#: 000705780
PT: 1
ADM: 04/28/2008
ACCT: 010995751
90533RAMBERG
OPERATIVE REPORT
SVM
RM: 0499 A
DIS:
AUTH ID: V600

tissue closed with 2-0 Vicryl and skin closed with staples. A sterile dressing was applied.

DONALD A. RAMBERG, M.D.

DAR:MQ/
d: 04/28/2008 12:18:26 t: 04/28/2008 12:46:20 JOB# 90533

Scanned

1
 2
 3
 4
 5
 6
 7
 8
 9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25
 26
 27
 28
 29
 30
 31
 32
 33
 34
 35
 36
 37
 38
 39
 40
 41
 42
 43
 44
 45
 46
 47
 48
 49
 50
 51
 52
 53
 54
 55
 56
 57
 58
 59
 60
 61
 62
 63
 64
 65
 66
 67
 68
 69
 70
 71
 72
 73
 74
 75
 76
 77
 78
 79
 80
 81
 82
 83
 84
 85
 86
 87
 88
 89
 90
 91
 92
 93
 94
 95
 96
 97
 98
 99
 100
 101
 102
 103
 104
 105
 106
 107
 108
 109
 110
 111
 112
 113
 114
 115
 116
 117
 118
 119
 120
 121
 122
 123
 124
 125
 126
 127
 128
 129
 130
 131
 132
 133
 134
 135
 136
 137
 138
 139
 140
 141
 142
 143
 144
 145
 146
 147
 148
 149
 150
 151
 152
 153
 154
 155
 156
 157
 158
 159
 160
 161
 162
 163
 164
 165
 166
 167
 168
 169
 170
 171
 172
 173
 174
 175
 176
 177
 178
 179
 180
 181
 182
 183
 184
 185
 186
 187
 188
 189
 190
 191
 192
 193
 194
 195
 196
 197
 198
 199
 200
 201
 202
 203
 204
 205
 206
 207
 208
 209
 210
 211
 212
 213
 214
 215
 216
 217
 218
 219
 220
 221
 222
 223
 224
 225
 226
 227
 228
 229
 230
 231
 232
 233
 234
 235
 236
 237
 238
 239
 240
 241
 242
 243
 244
 245
 246
 247
 248
 249
 250
 251
 252
 253
 254
 255
 256
 257
 258
 259
 260
 261
 262
 263
 264
 265
 266
 267
 268
 269
 270
 271
 272
 273
 274
 275
 276
 277
 278
 279
 280
 281
 282
 283
 284
 285
 286
 287
 288
 289
 290
 291
 292
 293
 294
 295
 296
 297
 298
 299
 300
 301
 302
 303
 304
 305
 306
 307
 308
 309
 310
 311
 312
 313
 314
 315
 316
 317
 318
 319
 320
 321
 322
 323
 324
 325
 326
 327
 328
 329
 330
 331
 332
 333
 334
 335
 336
 337
 338
 339
 340
 341
 342
 343
 344
 345
 346
 347
 348
 349
 350
 351
 352
 353
 354
 355
 356
 357
 358
 359
 360
 361
 362
 363
 364
 365
 366
 367
 368
 369
 370
 371
 372
 373
 374
 375
 376
 377
 378
 379
 380
 381
 382
 383
 384
 385
 386
 387
 388
 389
 390
 391
 392
 393
 394
 395
 396
 397
 398
 399
 400
 401
 402
 403
 404
 405
 406
 407
 408
 409
 410
 411
 412
 413
 414
 415
 416
 417
 418
 419
 420
 421
 422
 423
 424
 425
 426
 427
 428
 429
 430
 431
 432
 433
 434
 435
 436
 437
 438
 439
 440
 441
 442
 443
 444
 445
 446
 447
 448
 449
 450
 451
 452
 453
 454
 455
 456
 457
 458
 459
 460
 461
 462
 463
 464
 465
 466
 467
 468
 469
 470
 471
 472
 473
 474
 475
 476
 477
 478
 479
 480
 481
 482
 483
 484
 485
 486
 487
 488
 489
 490
 491
 492
 493
 494
 495
 496
 497
 498
 499
 500
 501
 502
 503
 504
 505
 506
 507
 508
 509
 510
 511
 512
 513
 514
 515
 516
 517
 518
 519
 520
 521
 522
 523
 524
 525

252-2

HOME MEDICATIONS (Include Herbal, OTC, Investigational Drugs, and Patches)							HOSPITAL MEDICATIONS ORDERS			CONTINUE AT HOME
MEDICATION (PLEASE PRINT)	SC*	DOSE	RTE	FREQ.	REASON FOR USE	LAST TAKEN DATE/TIME	CONTINUE ON ADMISSION	DOSE CHANGE TO...	FREQ. CHANGE TO...	RENEW UPON DISCH.
Triam/HCTZ	P	37.5 / 25	PO	Daily		4/30/08	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Nifedipine	P	30mg PO	Daily			4/30/08	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ASA	P	81mg PO	" "	Bid		4/30/08	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO

*Source Code: P= Patient NH= Nursing Home F= Family Member H= Hospital Record B= Med Bottle Rx= Patient's Pharmacy

ADMITTING NURSE: C. Greene RN DATE: 4/30/08 TIME: 0600

NURSE NOTED: C. Greene RN DATE: 4/30/08 TIME: 0600 ADMITTING PHYSICIAN SIGNATURE OR AUTH ID #: _____

24 HR. CHART CHECK BY NURSE: K. Gundacker RN DATE: 4/29/08 TIME: 0610 READ BACK: _____ INITIALS: _____

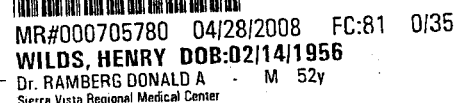
Home and Current Hospital Medications Reviewed Prior to Discharge ☒ YES ☐ NO

Discharging Physician's Signature: _____ DATE: 5/5/08 TIME: 1 PM

COPY FAXED to DR _____

DISCHARGE PRESCRIPTION ORDERS (FOR FACSIMILE USE ONLY)							
NOT for Schedule II Medications							
FAXED AS A COURTESY FOR DOCTOR:		FAXED BY:		DATE:		PHARMACY NAME:	
[Amber]						[Sour]	
MEDICATION (PLEASE PRINT)	DOSE	ROUTE	FREQ.	REASON FOR USE	QUANTITY	REFILLS	
[Motrin]	500	mg	PO TID	in pain			
PHYSICIAN SIGNATURE				DATE		DEA NUMBER	
[Signature]				5/5/02			
THE PRESCRIBING PHYSICIAN MUST BE CALLED FOR ALL CLARIFICATIONS							

MEDICATION CONTINUUM
ORDER SET
Page 1 of 1



NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION TO PHARMACY AFTER EACH ORDER IS SIGNED.

Order Date	Time	Problem #	Physician's Order and Medication (Orders must be dated, timed, and signed.)
5-6-08	1455		<p>S/p lumbar laminectomy</p> <p>Motrin 800mg po TID R/R pain</p> <p>Lifting restrictions 31bs</p> <p>- back brace</p> <p>- f/u Dr. Ramsey 1 month</p> <p>- f/u T PCP 1-2 days</p> <p>V.D. Dr. General/K. Carr</p>
			<p>5-6-8 21625 <i>[Signature]</i></p> <p>(WOLF)</p>

A rectangular stamp with the word "RECEIVED" in large, bold, capital letters at the top. Below it, the date "MAY 07 2008" is stamped. At the bottom, the word "By" is followed by a blank line for a signature.

ALLERGIES:

INSTITUTION

CTF

ROOMAVING

Bw 113 62

Confidential
client information
See W & I Code, Sections 4514 and
5328

[illegible]

wilds, H
E 55595

PHYSICIAN'S ORDERS

*** PATIENT PROFILE ***

Includes All Prescriptions From 04/16/2008

Discontinued Drugs Are Marked with *

E-55595 WILDS, H

ALLERGIES: PENICILLIN

DOB: / /

CURRENT UNIT: CB1-113L

HT: ft in WT: 0

START	Rx/Qty	DRUG	PHYSICIAN	STOP
04/18/2008	970914	TRIAM/HCTZ 37.5/25 MAXZID	KALISHER	05/18/2008
LS	30	TAKE 1 TABLET DAILY 30 DAY SUPPLY *KOP*NR		CB1-113L
04/18/2008	970915	NIFEDIPINE ER 30MG (ADALAT	KALISHER	05/18/2008
LS	30	TAKE 1 TABLET DAILY 30 DAY SUPPLY *KOP*NR		CB1-113L
04/18/2008	970916	81MG ASA E.C 81MG TAB	KALISHER	05/18/2008
LS	30	TAKE 1 TAB DAILY AFTER MEAL.	*KOP* *NR*	CB1-113L
05/07/2008	975866	IBUPROFEN TABS 800 MG.*	GREWAL	*05/16/2008
MN	42	TAKE 1 TAB 3 TIMES DAILY AFTER MEALS AS NEEDED*KOP		CB1-113L
05/16/2008	975866	IBUPROFEN TABS 800 MG.	GREWAL	06/06/2008
TG	42	TAKE 1 TAB 3 TIMES DAILY AFTER MEALS AS NEEDED*KOP		CB1-113L

Hospital Pass

Name: Wilder Number: E55595
Date Issued: 5-16-08 Date Expires: 5-16-08
Report to: Central 1300PM
Treatment: To see R/O

CTF-409 (Rev. 1-03)

M. J. F. L.
Doctor or MTA or RN

NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION
TO PHARMACY AFTER EACH ORDER IS SIGNED.

Order Date	Time	Problem #	Physician's Order and Medication (Orders must be dated, timed, and signed.)
5/15/08	1130		Chrima medically unsignable X29d.
5-16-08			<p>Noted 5-15-08</p> <p>✓ Motion good up to 6d</p> <p>PC PRN Y 60 dly</p> <p>✓ P urine 20 up to 60 dly</p> <p>✓ Mammogram 32.5/25</p> <p>one at 100 Y 60 dly</p> <p>✓ BP check up once a week Y 60 dly</p> <p>✓ chemo for Douth mother - done</p> <p>✓ chemo up in one month.</p> <p>→ klostipidol M. Doyal</p>
<p>5/16/08 1445</p>			

ALLERGIES: PEN	INSTITUTION: CTR	ROOM/WING: Bw 113L
----------------	------------------	--------------------

Confidential
client information
See W & I Code, Sections 4514 and
5328

CDC NUMBER, NAME (LAST, FIRST, MI)

WILDS
E 555 95

PHYSICIAN'S ORDERS

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE APPEALS BRANCH
P. O. BOX 942883
SACRAMENTO, CA 94283-0001

DIRECTOR'S LEVEL APPEAL DECISION

Date: **MAY 21 2008**

In re: Henry Wilds, E55595
Correctional Training Facility
P.O. Box 686
Soledad, CA 93960

IAB Case No.: 0724531

Local Log No.: CTF-08-00041

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner C. Hall, Facility Captain. All submitted documentation and supporting arguments of the parties have been considered.

I APPELLANT'S ARGUMENT: It is the appellant's position he began to experience moderate pain in his lower back in December (1998). As a result, the appellant alleges he attempted to obtain treatment and was finally diagnosed with lumbar disc disease. The appellant further contends his pain is escalating and is requesting to be evaluated by a neurologist; and, to be awarded monetary compensation for the years of deliberate indifference.

II SECOND LEVEL'S DECISION: It is the institution's position the appellant was interviewed by Registered Nurse Fernandez on January 24, 2008. Results of the interview revealed the appellant was referred for a neurosurgery consultation on December 19, 2007, and the appointment is pending. In addition, x-rays were completed on August 15, 2007, and he was informed of the results by Dr. Dayalan on August 29, 2007. On November 5, 2007, a magnetic resonance imaging study was completed of the appellant's lumbar spine. The appellant was informed once he has been examined by the neurosurgeon, a treatment plan will be developed if indicated. The appellant was also advised that the awarding of monetary compensation is beyond the scope of the appeals process.

III DIRECTOR'S LEVEL DECISION: Appeal is denied.

A. FINDINGS: The appellant contends he began to experience moderate lower back pain in 1998 and was subsequently diagnosed with lumbar disc disease. The appellant further contends he has been subjected to deliberate indifference as he is not receiving the necessary health care intervention. These allegations are refuted, as the appellant has been evaluated numerous times by a variety of health care providers and has been prescribed the treatment deemed medically necessary, including diagnostic studies and referral for specialty services. On April 28, 2008, the reviewer was informed by K. Dennis, Health Care Appeals Coordinator, the appellant was evaluated by Dr. Ramberg on February 14, 2008, who recommended a laminectomy. On February 22, 2008, Dr. Friederichs submitted a CDC Form 7243, Physician's Request for Services requesting the recommended surgery, which as been scheduled, and is currently pending. The appellant is reminded the California Code of Regulations, Title 15, Section (CCR) 3354 establishes that only qualified medical personnel shall be permitted to diagnose illness and/or other conditions, and prescribe medical treatment for inmates. It is not appropriate to self-diagnose medical problems and expect a physician to implement the appellant's recommendation for a course of medical treatment. In this particular matter, the appellant's contention that he has not received adequate medical care is refuted by the medical records and professional health care staff familiar with the appellant's medical history. In addition, the Department shall only provide medical services for inmates which are based on medical necessity and supported by outcome data as effective medical care. In the absence of available outcome data for a specific case, treatment will be based on the judgment of the physician that the treatment is considered effective for the purpose intended and is supported by diagnostic information and consultations with appropriate specialists. The appellant is advised that it is beyond the scope of the appeals process to award monetary compensation; therefore, his request is denied. After review, there is no compelling evidence that warrants intervention at the Director's Level

HENRY WILDS, E55595

CASE NO. 0724531

PAGE 2

of Review, as the appellant is receiving the treatment deemed medically necessary, including medications, the scheduling of surgical intervention and specialty services.

B. BASIS FOR THE DECISION:

CCR: 3350, 3350.1, 3350.2, 3354

C. ORDER: No changes or modifications are required by the Institution.

This decision exhausts the administrative remedy available to the appellant within CDCR. If dissatisfied, the appellant may forward this issue to the California Victims Compensation and Government Claims Board, (formerly known as the State Board of Control), Government Claims Unit, P.O. Box 3035, Sacramento, CA 95812-3035, for further review.



N. GRANNIS, Chief
Inmate Appeals Branch

cc: Warden, CTF
Health Care Manager, CTF
Appeals Coordinator, CTF
Health Care Appeals Coordinator, CTF

Henry Wilds
E-55595/Bw-113-L
P.O. Box 689
Soleidad, CA 93960-0689

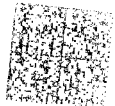
RECEIVED

JUL - 9 2008

RICHARD W. WIERING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

[Signature]

Clerk of the United States
District Court
Northern District of California
450 Golden Gate Ave
San Francisco, CA 94102-3483



\$02.87

LEGAL MAIL

LEGAL MAIL

LEGAL MAIL

